

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13418</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Ida</u> <u>Leachman</u> P O Box Bldg Room No if any Street <u>2914 Hoskins Road</u> City <u>Memphis</u> State <u>Tennessee</u> ZIP Code + 4 <u>38114</u>	4 Name file number and address of labor organization Name <u>Local 83282, Communication Workers of America</u> Labor Organization File Number <u>006-175</u> P O Box Building and Room Number if any <u>Building B</u> Street <u>3035 Directors Row, Suite 1205</u> City <u>Memphis</u> State <u>Tennessee</u> ZIP Code + 4 <u>38131</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Ida Leachman</u>	On <u>9/8/05</u> Date	<u>901-327-5985</u> Telephone Number

Name of Person Filing **Ida Leachman**

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Bank of New York**

Trade Name if any

P O Box Bldg Room No if any

Street **One Wall Street**City **New York**State **New York** ZIP Code + 4 **10286****9** Business deals with☐ a Labor Organization☒ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's nameName **United Furniture Workers Pension Fund A**

Trade Name if any

P O Box Bldg Room No if any

Street **1910 Air Lane Drive**City **Nashville**State **Tennessee** ZIP Code + 4 **37210****11 a** Nature of such dealing**Business provides investment management services to the Trust.****11 b** Approximate dollar value of such dealing**\$59,032.96****12 a** Nature of interest held or income received**February 2004 - I attended a dinner hosted by the Bank of New York****12 b** Amount**\$35 00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

Name of Person Filing Ida Leachman	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>The Boston Company</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1 Boston Place, 24th Floor</u></p> <p>City <u>Boston</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02108</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>United Furniture Workers Pension Fund A</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <p>Business provides investment management services to the Trust</p> </div> <p>11 b Approximate dollar value of such dealing <u>\$120,715 43</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>June 2004 - attended a dinner hosted by The Boston Company</p> </div> <p>12 b Amount <u>\$35 00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

File Number U

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12 b Amount \$38 22

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing **Ida Leachman**File Number **U**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **United Furniture Workers Pension Fund A**

Trade Name if any

P O Box Bldg Room No if any

Street **1910 Air Lane Drive**City **Nashville**State **Tennessee** ZIP Code + 4 **37210****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **United Furniture Workers Pension Fund A**

Trade Name if any

P O Box Bldg Room No if any

Street **1910 Air Lane Drive**City **Nashville**State **Tennessee** ZIP Code + 4 **37210****11 a Nature of such dealing**

Reimbursement of expenses related to being Chairman of the Board of Trustees of United Furniture Workers Pension Fund A

11 b Approximate dollar value of such dealing**NONE****12 a Nature of interest held or income received**

Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February 2004 and June 2004, Finance Investment Committee meetings in April and September 2004, and travel to Fund office to conduct Fund - related business.

12 b Amount**\$2,170 00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment.**

Name of Person Filing **Ida Leachman**

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **United Furniture Workers Insurance Fund**

Trade Name if any

P O Box Bldg Room No if any

Street **1910 Air Lane Drive**City **Nashville**State **Tennessee** ZIP Code + 4 **37210**

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **United Furniture Workers Insurance Fund**

Trade Name if any

P O Box Bldg Room No if any

Street **1910 Air Lane Drive**City **Nashville**State **Tennessee** ZIP Code + 4 **37210**

11 a Nature of such dealing

Reimbursement of expenses related to being Chairman of the Board of Trustees of the United Furniture Workers Insurance Fund

11 b Approximate dollar value of such dealing

NONE

12 a Nature of interest held or income received

Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February 2004 and June 2004, and travel to Fund office to conduct Fund related business

12 b Amount

\$1,740.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.